

# REQUEST FOR JUROR CHILD CARE REIMBURSEMENT

JURORS NAME

BADGE NUMBER

JURORS ADDRESS

JURORS CITY, STATE, ZIP CODE

PROVIDER INFORMATION:

☐

LICENSED

☐

NON-LICENSED

PROVIDERS NAME

PROVIDERS ADDRESS

PROVIDERS CITY, STATE, ZIP CODE

PROVIDERS PHONE NUMBER

PROVIDERS SOC. SEC. #/FED TAX I.D.#

PROVIDERS SIGNATURE

CHILD CARE EXPENSES: NUMBER OF CHILDREN: \_\_\_\_\_ AGES OF CHILDREN: \_\_\_\_\_  
\_\_\_\_\_ X \$ \_\_\_\_\_ PER DAY OR \$ \_\_\_\_\_ PER HOUR = TOTAL \$ \_\_\_\_\_  
DAYS/HOURS

I CERTIFY UNDER PENALTY OF PERJURY THAT I AM ELIGIBLE FOR CHILD CARE REIMBURSEMENT BASED ON THE REIMBURSEMENT REQUIREMENTS AND THAT THE ABOVE INFORMATION AND EXPENSES ARE TRUE AND ACCURATE.

JURORS SIGNATURE

DATE

*CHILD CARE REIMBURSEMENT CLAIMS MUST BE SUBMITTED TO THE COURT ADMINISTRATORS OFFICE WITHIN TEN DAYS OF THE LAST DAY OF SERVICE.*

## MINNESOTA JUDICIAL SYSTEM JUROR DAY CARE REIMBURSEMENT REQUIREMENTS

1. Jurors who are not employed outside the home may be reimbursed for child care expenses that are incurred as a result of reporting for jury service.
2. Jurors who are employed outside the home are not entitled to reimbursement for child care expenses unless, as a result of jury service, those expenses are greater than normally incurred. Jurors may request reimbursement only for the amount not normally incurred.
3. Reimbursement for child care expenses to those jurors entitled to it shall be:
  - **LICENSED CHILD CARE:** Actual expenses, not to exceed \$50.00 per day of service. *RECEIPTS FOR ACTUAL EXPENSES MUST BE SUBMITTED WITH THE CLAIM.*
  - **NON-LICENSED CHILD CARE/IN HOME BABY SITTER:** Actual expenses up to \$5.00 per hour, not to exceed \$40.00 per day of service. *The child care provider must sign the reimbursement claim.*
4. All requests for reimbursements of child care must be submitted on the request for juror child care reimbursement form.
5. FAX COMPLETED FORM TO 651-430-6300 OR MAIL 14949 62<sup>ND</sup> ST N STILLWATER, MN 55082 ATTN: JURY